



05-01-03

Attorney Docket No.: 00CON159PC-CIP3
Serial No.: 09/930,747

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): **Megahed, et al.**

Group Art Unit: **2827**

Application Serial No.: **09/930,747**

Examiner: **Cruz, L.**

Filed: **August 14, 2001**

Title: **Structure And Method For
Fabrication Of A Leadless Chip
Carrier With Embedded Inductor**

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AMENDMENT AND RESPONSE TO OFFICE ACTION

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

This Amendment and Response is submitted in response to the Office Action, dated September 26, 2002, in the above-referenced patent application. Please enter and consider the following amendments and remarks.



AMENDMENT COVER SHEET

IN RE APPLICATION OF: Megahed, et al.SERIAL NO.: 09/930,747 FILED: August 14, 2001FOR: Structure And Method For Fabrication Of A Leadless Chip Carrier With Embedded InductorHONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	400.00	200.00	\$
THIRD MONTH AFTER TIME PERIOD SET	920.00	460.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,440.00	720.00	\$

☐ TOTAL EXTENSION FEE \$ _____☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **35	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***4	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.



☐ Total fee for Supplemental Information Disclosure Statement \$ _____

☐ Enclosed is the total fee of \$ _____.

☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____

☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 12/24/02

By: [Signature]
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on:

12/24/02

[Signature]
Signature

Lori Llave
Typed or Printed Name of Person Mailing Paper and/or Fee

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